

**WIC Staff Guidance Document for
Toddler (6 – 24 months) Diet Questionnaire
Revised 10/2010**

Diet Questionnaires are used to assess the dietary/feeding practices of WIC applicants to enable WIC Staff to assign applicable risk factors and determine appropriate referrals, counseling and food package tailoring needs. This document provides a review of the risk factors that can be assessed by each question on the Toddler (6-24 months) Diet Questionnaire. Refer to the Nutritional Risk Factor manual for the complete definition for each risk factor.

<i>Question</i>	<i>Cat.</i>	<i>Staff Response</i>
1) Please check all of the following you have that work.	I	<p>Assess the availability of a heat source for sterilizing bottles. Assign “<i>Inappropriate Handling of Formula/Breastmilk</i>” as appropriate.</p> <p>Assess the availability of a refrigerator or freezer for storage of expressed breastmilk or formula. Assign “<i>Inappropriate Handling of Formula/Breastmilk</i>” as appropriate.</p>
2) What does your child usually drink?	I	<p>Assess if child drinks cow’s milk, goat’s milk, sweetened condensed milk, evaporated milk or soy milk. Assign “<i>Feeding a Substitute for Breastmilk or Iron Fortified Formula</i>” as appropriate.</p> <p>Assess if the child drinks any beverages that contain sugar. Assign “<i>Inappropriate Introduction of Complementary Foods</i>” as appropriate.</p>
	I/C	<p>Assess if the child drinks unpasteurized dairy products or juice. Assign “<i>Feeding Foods that Could be Contaminated</i>” as appropriate.</p> <p>Assess if the child drinks herbal teas and assign “<i>Intake of Dietary Supplements with Potentially Harmful Consequences</i>” as appropriate.</p>
	C	<p>Assess if the child drinks any beverages that contain sugar. Assign “<i>Feeding Sugar-Containing Fluids</i>” as appropriate.</p>
3) From what does your child drink?	I	<p>Assess if child drinks juice or any other fluids that contain sugar (question #2) from the bottle. Assign “<i>Inappropriate Use of Bottles or Cups</i>” as appropriate.</p>
	C	<p>Assess if a child beyond 14 months of age is routinely using a bottle for feeding or drinking. Assign “<i>Inappropriate Use of Bottles, Cups or Pacifiers</i>” as appropriate.</p>

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4) Does your child ever walk around drinking from a bottle or a sippy cup?	I	Assess if the child is routinely allowed to carry a cup or bottle around. Assign “ <i>Inappropriate Use of Bottles or Cups</i> ” as appropriate.
	C	Assess if the child is allowed to carry a cup or bottle around or use the bottle as a pacifier. Assign “ <i>Inappropriate Use of Bottles, Cups or Pacifiers</i> ” as appropriate.
5) How is breastfeeding going?	I	Assess for issues relating to latching onto mother’s breast. Assign “ <i>Potential Breastfeeding Complications</i> ” as appropriate.
a) How often does your child nurse in a 24-hour period?	I	Assess the timing and frequency of feedings. Assign the risk factors “ <i>Feeding Practices that Disregard Developmental Needs,</i> ” “ <i>Inappropriate Frequency of Nursing the Exclusively Breastfed</i> ” and/or “ <i>Diet Very Low in Calories and/or Essential Nutrients</i> ” as appropriate.
b) Can you hear your child swallowing during feedings?	I	Assess for weak or ineffective suck. Assign “ <i>Potential Breastfeeding Complications</i> ” as appropriate.
6) How many wet diapers does your child have in a 24-hour period?	I	Assess number of wet diapers. Assign “ <i>Potential Breastfeeding Complications</i> ” as appropriate.
7) How many dirty diapers does your child have in a 24-hour period?	I	Assess number of dirty diapers. Assign “ <i>Potential Breastfeeding Complications</i> ” as appropriate.
8) Do you pump or express breastmilk for your child?	I	Used to assess practice and need for a WIC issued breast pump.
a) How do you store breastmilk?	I	Assess and assign “ <i>Inappropriate Handling of Formula/Breastmilk</i> ” as appropriate.
b) How long do you keep breastmilk in the refrigerator before you throw it away?	I	Assess and assign “ <i>Inappropriate Handling of Formula/Breastmilk</i> ” as appropriate.
c) How long do you keep breastmilk after it’s been thawed?	I	Assess and assign “ <i>Inappropriate Handling of Formula/Breastmilk</i> ” as appropriate.

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9) Please check all items that might be in your child's bottle during a normal day.	I	<p>Assess if child routinely drinks cow's milk, goat's milk, sweetened condensed milk, evaporated milk or soy milk. Assign "<i>Feeding a Substitute for Breastmilk or Iron Fortified Formula</i>" as appropriate.</p> <p>Assess if child routinely drinks juice or any other fluids that contain sugar from the bottle. Assign "<i>Inappropriate Use of Bottles or Cups</i>" as appropriate.</p> <p>Assess if the routinely child drinks any beverages that contain sugar. Assign "<i>Inappropriate Introduction of Complementary Foods</i>" as appropriate.</p> <p>Assess if the child is given honey in any form. Assign "<i>Feeding Foods that Could be Contaminated</i>" as appropriate.</p>
	C	<p>Assess if the child drinks any beverages that contain sugar. Assign "<i>Feeding Sugar-Containing Fluids</i>" as appropriate.</p> <p>Assess if a child beyond 14 months of age is routinely using a bottle for feeding or drinking. Assign "<i>Inappropriate Use of Bottles, Cups or Pacifiers</i>" as appropriate.</p> <p>Assess if a child routinely uses a bottle containing juice, diluted cereal or any other solid foods. Assign "<i>Inappropriate Use of Bottles, Cups or Pacifiers</i>" as appropriate.</p>
a) What do you do with any milk or formula left in the bottle?	I	Assess and assign " <i>Inappropriate Handling of Formula/Breastmilk</i> " as appropriate.
b) How long do you let a bottle sit at room temperature?	I	Assess and assign " <i>Inappropriate Handling of Formula/Breastmilk</i> " as appropriate.
c) Is your child's bottle ever propped on a pillow, blanket, stuffed animal, etc.?	I	<p>Assess if the bottle is routinely propped during feeding. Assign "<i>Inappropriate Use of Bottles or Cups</i>" as appropriate.</p> <p>Assess if the child routinely falls asleep or is put to bed with a bottle. Assign "<i>Inappropriate Use of Bottles or Cups</i>" as appropriate.</p>
	C	Assess if the child routinely falls asleep or is put to bed with a bottle. Assign " <i>Inappropriate Use of Bottles, Cups or Pacifiers</i> " as appropriate.
10) What brand of formula does your child take?	I	Assess if the child is taking low iron formula without iron supplementation (question 23). Assign " <i>Feeding a Substitute for Breastmilk or Iron Fortified Formula</i> " as appropriate.
a) What type of formula do you use?	I	Assess if the formula is prepared as directed for the brand (question #10) and type. Assign " <i>Improperly Diluted</i> "

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b) How do you make the formula?		<i>Formula</i> ” as appropriate.
<ul style="list-style-type: none"> What kind of water do you usually use to make the formula? 	I	Assess the safety of the water supply. Assign “ <i>Inappropriate Handling of Formula/Breastmilk</i> ” and tailor food package as appropriate.
	I/C	Assess the fluoride content of the water and if a child 6 months old or older is taking a fluoride supplement (question #23). Assign “ <i>Inadequate Vitamin/Mineral Supplementation</i> ” or “ <i>Intake of Dietary Supplements with Harmful Effects</i> ” as appropriate
<ul style="list-style-type: none"> Do you ever add anything besides water to the formula? 	I	<p>Assess if any food (cereal or other solid foods) is added to the formula. Assign “<i>Inappropriate Use of Bottles or Cups</i>” as appropriate.</p> <p>Assess if any sweeteners, such as sugar, honey or syrup are added to the formula. Assign “<i>Inappropriate Introduction of Complementary Foods</i>” as appropriate.</p> <p>Assess if honey is added to the formula. Assign “<i>Feeding Foods that Could be Contaminated</i>” as appropriate.</p> <p>Assess and assign “<i>Improperly Diluted Formula</i>” as appropriate.</p>
c) Do you warm the formula?	I	Assess for the unsafe practice of warming formula in the microwave.
d) How often does your child take formula during a normal day?	I	Assess the timing and frequency of feedings in a 24 hour period. Assign “ <i>Feeding Practices that Disregard Developmental Needs</i> ” and/or “ <i>Diet Very Low in Calories and/or Essential Nutrients</i> ” as appropriate.
e) How much formula does your child take at each feeding?	I	<p>Assess the amount of formula consumed in a normal 24 hour period (with question #10d) and if the child is taking supplemental vitamin-D (question 23). Assign “<i>Inadequate Vitamin/Mineral Supplementation</i>” or “<i>Intake of Dietary Supplements with Harmful Effects</i>” as appropriate.</p> <p>Assess the amount of vitamin D fortified formula consumed and if the child is taking a vitamin D supplement (question #23). Assign “<i>Inadequate Vitamin/Mineral Supplementation</i>” as appropriate.</p>
f) How do you store formula after you mix it?	I	Assess and assign “ <i>Inappropriate Handling of Formula/Breastmilk</i> ” as appropriate.
g) How long do you keep mixed formula in the refrigerator before you throw it away?	I	Assess and assign “ <i>Inappropriate Handling of Formula/Breastmilk</i> ” as appropriate.

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h) How long does a can of formula last?	I	Assess if a can of formula lasts as long as expected for the brand and type (questions #10 and #10a) used and the stated frequency and amount of feeding (questions #10d and #10e). Assign <i>“Improperly Diluted Formula”</i> as appropriate.
11) How many times does your child drink milk during a normal day?	I	Assess if child drinks cow’s milk, goat’s milk, sweetened condensed milk, evaporated milk or soy milk. Assign <i>“Feeding a Substitute for Breastmilk or Iron Fortified Formula”</i> as appropriate.
a) How much milk does your child drink each time?		
b) What type of milk does your child usually drink?	C	Assess if a child between 12 and 24-months of age is routinely drinking non-fat or reduced-fat milk. Assign <i>“Inappropriate Beverages as Primary Milk Source”</i> as appropriate. Assess if sweetened condensed milk, or other inadequately or unfortified beverages are routinely provided as the primary milk source. Assign <i>“Inappropriate Beverages as Primary Milk Source”</i> as appropriate. Assess the amount of vitamin D fortified milk consumed and if the child is taking a vitamin D supplement (question #23). Assign <i>“Inadequate Vitamin/Mineral Supplementation”</i> as appropriate.
c) Do you ever add any flavoring to the milk?	I	Assess if any sugar containing flavors are added to the milk. Assign <i>“Inappropriate Introduction of Complementary Foods”</i> and <i>“Inappropriate Use of Bottles or Cups”</i> as appropriate.
	C	Assess if any sugar containing flavors are added to the milk. Assign <i>“Feeding Sugar-Containing Fluids”</i> as appropriate.
12) How many times does your child drink water during a normal day?	I	Assess if water is displacing breastmilk or formula in the child’s diet. Assign <i>“Diet Very Low in Calories and/or Essential Nutrients”</i> as appropriate.
a) How much water does your child drink each time?		
b) What kind of water does your child usually drink?	I	Assess safety of the water supply.
	I/C	Assess the fluoride content of the water and if a child 6-months old or older is taking a fluoride supplement (question #23). Assign <i>“Inadequate Vitamin/Mineral Supplementation”</i> or <i>“Intake of Dietary Supplements with Harmful Effects”</i> as appropriate.

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c) Do you ever add anything to the water?	I	Assess if any sweeteners, such as sugar, honey or syrup are added to the water. Assign “ <i>Inappropriate Introduction of Complementary Foods</i> ” and “ <i>Inappropriate Use of Bottles or Cups</i> ” as appropriate. Assess if honey is added to the water. Assign “ <i>Feeding Foods that Could be Contaminated</i> ” as appropriate.
	C	Assess if any sweeteners, such as sugar, honey or syrup are added to the water. Assign “ <i>Feeding Sugar-Containing Fluids</i> ” as appropriate.
13) How many times does your child drink juice during a normal day?	I	Assess if child routinely drinks juice from the bottle. Assign “ <i>Inappropriate Use of Bottles or Cups</i> ” as appropriate.
a) How much juice does your child drink each time?	I	Assess if juice is displacing breastmilk or formula in the child’s diet. Assign “ <i>Diet Very Low in Calories and/or Essential Nutrients</i> ” as appropriate.
b) What kind of juice or juice drinks does your child usually drink?	I	Assess if the child drinks sweetened juice. Assign “ <i>Inappropriate Introduction of Complementary Foods</i> ” as appropriate.
	I/C	Assess if the child drinks unpasteurized fruit or vegetable juice. Assign “ <i>Feeding Foods that Could be Contaminated</i> ” as appropriate.
	C	Assess if the child drinks sweetened juice. Assign “ <i>Feeding Sugar-Containing Fluids</i> ” as appropriate.
c) Do you dilute the juice with water?		Assess and target counseling on identified needs and concerns.
14) When did your child start eating something other than breastmilk or formula?	I	Assess and compare with response on the KWIC Health Interview window and target counseling on identified needs and concerns.
a) What types of food does your child eat?	I	Assess if the child is fed any foods that could be contaminated. Assign “ <i>Feeding Foods that Could be Contaminated</i> ” as appropriate. Assess if the child is routinely fed sweetened foods. Assign “ <i>Inappropriate Introduction of Complementary Foods</i> ” as appropriate.
	I/C	Assess whether the foods provided are an appropriate texture for the child’s developmental stage and foods that put the child at risk of choking are not provided. Assign “ <i>Feeding Practices that Disregard Developmental Needs</i> ” as appropriate.
b) At mealtimes, how often does your child eat the same foods as the rest of the family?	C	Assess whether the foods provided are an appropriate texture for the child’s developmental stage and foods that put the child at risk of choking are not provided. Assign “ <i>Feeding Practices that Disregard Developmental Needs</i> ” as appropriate.

<i>Question</i>	<i>Cat.</i>	<i>Staff Response</i>
c) How is your child fed these foods?	I	Assess if any food (cereal or other solid foods) is in the child's bottle. Assign <i>"Inappropriate Use of Bottles or Cups"</i> as appropriate.
	C	Assess if any food (cereal or other solid foods) is in the child's bottle. Assign <i>"Inappropriate Use of Bottles, Cups or Pacifiers"</i> as appropriate.
	I/C	Assess if the primary feeding method is appropriate for the child's developmental stage. Assign <i>"Feeding Practices that Disregard Developmental Needs"</i> as appropriate.
d) Can your child feed him/herself?	C	Assess if the response is appropriate for the child's developmental stage. Assign <i>"Feeding Practices that Disregard Developmental Needs"</i> as appropriate.
15) How many times does your child eat on a normal day?	I/C	Assess the timing and frequency of feedings. Assign the risk factors <i>"Feeding Practices that Disregard Developmental Need"</i> as appropriate.
16) Please mark the situations that describe how your child normally eats?	I	Assess appropriateness of eating situations and target counseling on identified needs and concerns.
17) Which snack foods does your child usually eat?	I	Assess if the child is routinely fed sweetened foods. Assign <i>"Inappropriate Introduction of Complementary Foods"</i> as appropriate.
	I/C	Assess whether the foods provided are an appropriate texture for the child's developmental stage and foods that put the child at risk of choking are not provided. Assign <i>"Feeding Practices that Disregard Developmental Needs"</i> as appropriate.
18) How many times does your child eat fruits and vegetables (not juice) during a normal day?	I/C	Assess whether the foods provided are an appropriate texture for the child's developmental stage and foods that put the child at risk of choking are not provided. Assign <i>"Feeding Practices that Disregard Developmental Needs"</i> as appropriate.
Which fruits and/or vegetables does your child usually eat?		Assess if the child is fed raw vegetable sprouts. Assign <i>"Feeding Foods that Could be Contaminated"</i> as appropriate.
19) How many times does your child eat protein foods during a normal day?	I/C	Assess whether the foods provided are an appropriate texture for the child's developmental stage and foods that put the child at risk of choking are not provided. Assign <i>"Feeding Practices that Disregard Developmental Needs"</i> as appropriate.
Which protein foods does your child usually eat?	I/C	Assess if the child is fed raw or undercooked meat, fish, poultry, or eggs. Assign <i>"Feeding Foods that Could be Contaminated"</i> as appropriate. Assess if the child is fed soft cheeses, or unheated deli meats, hot dogs, or other processed meats. Assign <i>"Feeding Foods that Could be Contaminated"</i> as appropriate.

<i>Question</i>	<i>Cat.</i>	<i>Staff Response</i>
20) Which sweets does your child usually eat? How are they usually eaten?	I	Assess if the child eats any sweets. Assign “ <i>Inappropriate Introduction of Complementary Foods</i> ” as appropriate. Assess if the child is given honey in any form. Assign “ <i>Feeding Foods that Could be Contaminated</i> ” as appropriate.
	C	Assess if the child drinks any sweetened beverages. Assign “ <i>Feeding Sugar-Containing Fluids</i> ” as appropriate. Assess if the child is using a pacifier dipped in sugar, honey or syrup. Assign “ <i>Inappropriate Use of Bottles, Cups or Pacifiers</i> ” as appropriate.
21) Does your child regularly eat anything that is not food, such as dirt, paper, crayons, pet food or paint chips?	C	Assess if the child routinely eats any nonfood items. Assign “ <i>Pica</i> ” as appropriate.
22) Does your child have any health/medical/dental problems?	I	Assess for jaundice. Assign “ <i>Potential Breastfeeding Complications</i> ” as appropriate.
	I/C	Assess for dental problems. Assign “ <i>Dental Problems</i> ” as appropriate. Assess for disabilities that interfere with the ability to eat. Assign “ <i>Disabilities Interfering with the Ability to Eat</i> ” as appropriate. Assess for medical conditions. Assign the corresponding risk factor as appropriate.
Was this problem diagnosed by a doctor?	I	Used to confirm diagnosis of conditions for risk factor documentation.
23) Please check and describe all of the following your child usually takes.		
Over-the-counter drugs	I	Assess medications that interfere with nutrient intake or utilization. Assign “ <i>Drug Nutrient Interactions</i> ” as appropriate.
Prescription medication	I	Assess medications that interfere with nutrient intake or utilization. Assign “ <i>Drug Nutrient Interactions</i> ” as appropriate. Assess for medical conditions. Assign the corresponding risk factor as appropriate.

<i>Question</i>	<i>Cat.</i>	<i>Staff Response</i>
Vitamin and/or minerals	I	<p>Assess if the child is taking low iron formula (question 10) without iron supplementation. Assign “<i>Feeding a Substitute for Breastmilk or Iron Fortified Formula</i>” as appropriate.</p> <p>Assess the amount of vitamin-D fortified formula consumed on a normal day (questions #10d and 10e) and if the child is taking supplemental vitamin-D. Assign “<i>Inadequate Vitamin/Mineral Supplementation</i>” as appropriate.</p>
	I/C	<p>Assess and assign “<i>Intake of Dietary Supplements with Harmful Effects</i>” as appropriate.</p> <p>Assess the fluoride content of the water and if a child 6 months old or older is taking a fluoride supplement. Assign “<i>Intake of Dietary Supplements with Harmful Effects</i>” or “<i>Inadequate Vitamin/Mineral Supplementation</i>” as appropriate.</p> <p>Assess the amount of vitamin D fortified milk or formula consumed and if the child is taking a vitamin D supplement. Assign “<i>Inadequate Vitamin/Mineral Supplementation</i>” as appropriate.</p>
Herbs/Herbal Supplements	I/C	Assess and assign “ <i>Intake of Dietary Supplements with Harmful Effects</i> ” as appropriate.
24) Do you worry about how much your child is eating?	I/C	Provides an opportunity to identify specific parental concerns about their child's eating pattern. Behavior change is more likely to occur when information addresses specific needs and concerns.
25) Has your child had a blood lead test?	I/C	Assess if child has had a blood lead test within the past 12 months. Assign “ <i>Elevated Blood Lead Levels</i> ” and/or refer as appropriate.
26) What is one thing you like about your child’s eating?	I/C	Provides an opportunity to learn what parents like about their child's eating pattern. This open-ended question may identify positive feeding practices to reinforce. It may also provide information that explains other identified risks or inappropriate practices.
27) What is one thing that you would like to change about your child’s eating?	I/C	Provides an opportunity to learn what parents would like to change about their child's eating pattern. Behavior change is more likely to occur when information addresses specific needs and concerns.